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ABSTRACT

The Primary Mental Health Project (PMHP) is a research-based, selective program implemented by the Jefferson County Public Schools. The goal of the program is to enhance learning and other school-related competencies. Key structural components of the program include a focus on young children, early screening and selection, use of paraprofessionals to provide direct services to children, and ongoing program evaluation. A management-oriented evaluation approach was used in the evaluation of PMHP being used in 12 elementary schools. Both treatment and comparison groups were evenly distributed in terms of race and gender. The Teacher-Child Rating Scale was used as a pre- and post-test for the participating students in the treatment schools only. The central measures were related to task orientation, behavior control, assertiveness, and peer social. Statistically significant differences were found in the pre- and post-test analysis at the district and at the specific domain of behavior control. Gains were also noted at most of the individual schools. The analyses recommend use of a treatment versus comparison group pre-post-test design at the student level. (JDM)

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RUNNING HEAD: PRIMARY MENTAL HEALTH

ED 463 470

Primary Mental Health In Elementary Schools: Its Impact on Psychosocial Measures

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PRIMARY MENTAL HEALTH PROJECT (PMHP)
Research-Based Intervention

Introduction

Jefferson County Public Schools (JCPS) is the 26th largest school district in the United States. The school district serves more than 96,000 students from preschool to grade 12. JCPS has a vision for long-term student achievement. The vision entitled "Beyond 2000" was designed to assure that every student will acquire the fundamental academic and life skills necessary for success in the classroom and workplace. JCPS vision commits the school system to educate each student to the highest academic standards.

In October 1999, Project SHIELD (Supporting Healthy Individuals and Environments for Life Development) received nearly $3,000,000 from a consortium of federal agencies (Department of Education, Office of Juvenile Justice and Delinquency Prevention, and Center for Mental Health Services) as part of a Safe Schools/Healthy Students Federal Initiative. The award will provide three years of funding (nearly $9,000,000) to Jefferson County Public Schools (JCPS).

Project SHIELD aims to provide students and schools with enhanced infrastructure and comprehensive prevention and early intervention, through education, mental health, and social services that promote healthy childhood development and prevent violence, alcohol and other drug abuse. These services target the development of social skills and emotional resilience necessary for youth to avoid violent behavior and drug use, along with establishing safe, disciplined, and drug free areas within school environments.

Program Description

The Primary Mental Health Project (PMHP) is a research-based, selective program. This early detection and prevention program for preschool and primary grades is being implemented by JCPS. It is a nationally recognized model out of Rochester, New York that has been replicated in over 200 cities since 1957.

The key structural components of the program are: (a) focus on young children, (b) early screening and selection, (c) use of paraprofessionals to provide direct services to children, and (d) ongoing program evaluation. The population targeted for the program are K-3 students who are experiencing school adjustment difficulties. The goal of the program is to enhance learning and other school-related competencies such as attendance and behavior.

All K-3 students are screened by having the teachers complete a 12-item survey on each of the students. Students who score between the 15th and 30th percentile are considered for the program. Once permission is obtained from the parent, the students are enrolled in the program.

Each student is seen individually by the child associate (paraprofessional) using non-directive play strategies for 30 to 45 minutes each week. The program lasts for 14 sessions. The child associate works with the student to deal with school adjustment issues and build the student's competencies. A school psychologist provides weekly supervision to the child associate.

Student progress and the effectiveness of the program are measured using a pretest/posttest model where the teachers complete a 32-item survey before and after the program.

Evaluation Model

The Management-Oriented Evaluation Approach

The management-oriented evaluation approach (Worthen, Sanders, & Fitzpatrick, 1997) was used in the evaluation of the PMHP. According to Stufflebeam (1983; Stufflebeam & Shinkfield, 1985), the evaluation is a process of delineating, obtaining, and providing useful information for judging decision alternatives. The Context, Input, Process, and Product (CIPP) Evaluation has different objectives, methods, and relation to decision making in the change process depending on the type of evaluation emphasis.

> The management-oriented rationale is that the evaluative information is an essential part of good decision-making and that the evaluator can be most effective by serving administrators, policy makers, boards, practitioners, and others who need good evaluative information (Worthen et al., 1997, p. 97).

Campbell (1969) seminal article on reform as experiments is germane to this evaluation. Today, 30 years later, many ameliorative programs terminate with no interpretable evaluation. The good intentions of educational administrators are not enough. Establishing social indicators, data banks, and management information systems (MIS) is not enough. As Campbell (1969) argues, administrators are sometimes so committed in advance to the efficacy of the reform, that cannot afford a honest evaluation. Capitalizing on regression, grateful testimonials, and confounding selection and treatment are the major strategies to bias the analysis.

Method

Participants

Twelve elementary schools in JCPS are currently participating in the PMHP. Table 1 shows the name of the schools participating in the program.

Table 1

Elementary Schools Participating in the PMHP (N = 12)

Name
Atkinson
Cochran
Crums Lane
Engelhard
Frayser
Breckinridge-Franklin
Hazelwood
Jacob
Roosevelt-Perry
Rutherford
Semple
Shelby

In the District, about 1,522 students were tested using the AML instrument. At the student level, a total of 271 students participated in the program. From this total, approximately 230 students took the pre- and the posttest. Table 2 presents the socio-demographic characteristics of the students that took the AML Behavior Rating Scale. Both treatment and comparison groups are more or less equally distributed in terms of race and gender. Table 3 displays the results of the AML Behavior Rating Scale instrument. As it can be observed, the treatment group had a higher need than the control group in the three dimension as well as in the total.

Table 2

Profile of Participating Students

Group	N	Race	Gender
District	1522	47.4 Black	47.4% Female
		45.6% White	52.7% Male
		7% Other	
Comparison	1386	47.8% Black	47.6% Female
		45.5% White	52.4% Male
		6.7% Other	
Treatment	230	44.1% Black	44.9% Female
		47.1% White	55.1% Male
		8.8% Other	

Table 3

Independent-samples T-test Comparing Treatment and Control Groups on the AML Behavior Rating Scale

Group	n	Pre-Test Mean	SD	t-value
Comparison group	1,381			
A raw score		9.41	4.66	3.46*
M raw score		8.50	3.72	3.87*
L raw score		10.78	4.94	4.08*
Total raw score		28.65	11.34	4.29*
Treatment group	136			
A raw score		10.87	4.77	
M raw score		9.79	3.46	
L raw score		12.60	5.01	
Total raw score		32.99	10.37	

Note:

All p values < .001

Instrumentation

In general, quantitative measures will be based on already established data collection mechanism of the county under examination. Data will come from the program director and from the Management Information System (MIS) of the county. Then, the evaluator will place the information into the Statistical Package for the Social Sciences (SPSS) through the creation of a data file.

The AML Behavior Rating Scale was used to measure most of the students in the primary program of the school district under study. The instrument has a long tradition and established validity and reliability. Raw and percentile scores are recorded in the instrument. For each raw or percentile score, there is an individual score for Acting Out (A), Moody (M), and Learning Difficulties (L).

The Teacher-Child Rating Scale was used as a pre- and posttest measure for the participating students in the treatment schools only. The central measures were related to (a) task orientation, (b) behavior control, (c) assertiveness, and (d) peer social. These measures will become outcome criteria for establishing success of the program at the school level.

Data Analysis & Procedures

As mentioned previously, for the quantitative dimension of this evaluation study, a descriptive and comparison design will be used (Gall, Borg, & Gall, 1996; Winer,Brown, & Michels, 1991). All data was entered and analyzed using the Statistical Package for the Social Sciences (SPSS), version 10.0.

Findings

Statistically significant differences were found in the pre- and posttest analysis at the district and at the school level. A graphical representation captures the impact of the program at the district level in the four critical domains assessed in the Teacher-Child Rating Scale.

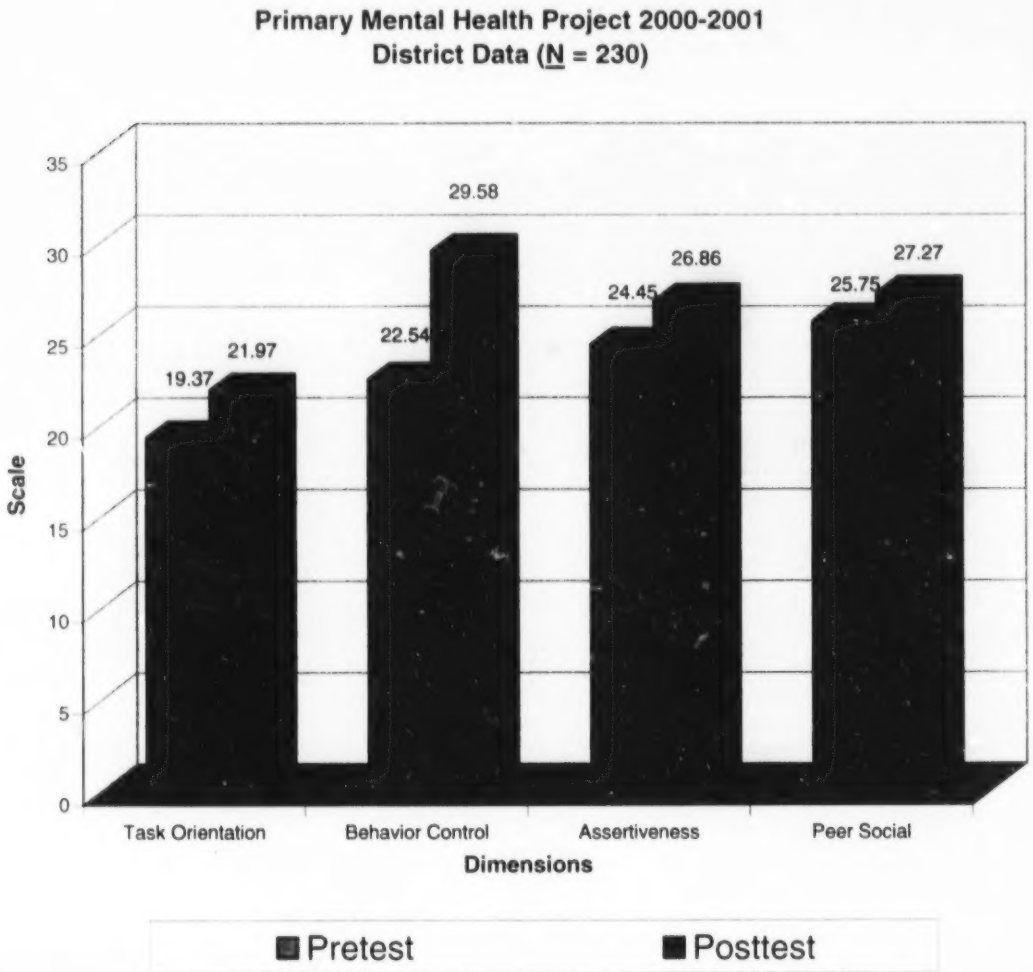

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Table 4 displays the results of this analysis in the specific domain of task orientation. It shows the pre-test and posttest measures and their statistically significant t-value at each of the participating schools.

Table 4

Elementary Schools Participating in the PMHP (N = 12)

Name	Pretest Score	Posttest Score	t-Ratio
Atkinson	18.80	21.22	1.96
Cochran	19.26	23.26	1.99
Crums Lane	18.88	24.08	4.15*
Engelhard	17.70	18.51	.62
Frayser	18.86	23.15	3.40*
Breckinridge-Franklin	18.91	21.32	1.96
Hazelwood	20.44	22.59	1.5
Jacob	19.50	2?.21	1.24
Roosevelt-Perry	21.23	22.68	1.66
Rutherford	19.90	21.11	.65
Semple	21.04	24.09	2.40*
Shelby	18.00	19.88	1.52
District	19.37	21.97	6.43*

$p < .05$

Statistically significant differences were found in the pre- and posttest analysis at the district and at the school level in the specific domain of behavior control. Table 5 displays the results of this analysis.

Table 5

Elementary Schools Participating in the PMHP (N = 12)

Name	Pretest Score	Posttest Score	t-Ratio
Atkinson	19.92	23	2.98*
Cochran	21.32	24.20	2.47*
Crums Lane	21.71	25.06	2.74*
Engelhard	23.17	23.69	.44
Frayser	23.55	26.12	2.56*
Breckinridge-Franklin	22.7	23.39	.57
Hazelwood	21.52	23.22	1.14
Jacob	20.72	25.72	1.9
Roosevelt-Perry	23.27	23.02	.2
Rutherford	26.19	25.40	.66
Semple	23.91	26.26	2.23*
Shelby	22.72	23.97	.9
District	22.54	24.25	4.78*

$p < .05$

Statistically significant differences were found in the pre- and posttest analysis at the district and at the school level. Table 6 displays the results of this analysis in the specific domain of assertiveness.

Table 6

Elementary Schools Participating in the PMHP (N = 12)

Name	Pretest Score	Posttest Score	t-Ratio
Atkinson	24.88	27.59	2.99*
Cochran	24.16	26.04	1.56
Crums Lane	24.46	27.11	3.06*
Engelhard	21.78	22.40	.84
Frayser	22.59	27.59	6.04*
Breckinridge-Franklin	24.18	25.89	1.55
Hazelwood	25.44	28.19	2.19*
Jacob	25.11	23.97	1.11
Roosevelt-Perry	26	28.8	2.76*
Rutherford	22.9	25.22	2.43*
Semple	26.13	27.73	1.27
Shelby	25.44	28.73	2.68*
District	24.45	26.86	7.75*

$p < .05$

Statistically significant differences were found in the pre- and posttest analysis at the district and at the school level. Table 7 displays the results of this analysis in the specific domain of peer social.

Table 7

Elementary Schools Participating in the PMHP (N = 12)

Name	Pretest Score	Posttest Score	t-Ratio
Atkinson	24.64	26.31	1.65
Cochran	23.26	25.61	1.51
Crums Lane	22.92	25.82	2.30*
Engelhard	23.61	23.80	.2
Frayser	26.86	30.05	2.82*
Breckinridge-Franklin	27.14	27.55	.40
Hazelwood	26.41	26.01	.58
Jacob	23.67	26.96	1.3
Roosevelt-Perry	27	28.80	1.52
Rutherford	27.24	28.87	1.25
Semple	26.48	29.38	2.53*
Shelby	29	28.75	.19
District	25.75	27.27	4.36*

$p < .05$

Discussion

The Primary Mental Health Project (PMHP) is a research-based, selective program. This early detection and prevention program for preschool and primary grades is being implemented by JCPS. The Teacher-Child Rating Scale was used as a pre- and posttest measure for the participating students in the treatment schools only. The central measures were related to (a) task orientation, (b) behavior control, (c) assertiveness, and (d) peer social. These measures became outcome criteria for establishing success of the program at the district and at the school level. As a District, the gains on the four factors on the pretest/posttest measure were statistically significant at the .001 alpha level. Gains were also noted at most of the individual schools.

Recommendations for Future Research

To measure the effects of the program on non-cognitive and cognitive measures, it is recommended to use a treatment versus comparison group pre-posttest design at the student level in factors such as: (a) absences/attendance rate, (b) tardies, (c) scores on the Stanford Diagnostic Reading Test, (d) scores on the Stanford Diagnostic Mathematics Test, (e) referrals for ECE assessments and (f) subsequent ECE placements.

References

Campbell, D. T. (1969). Reform as experiments. The American Psychologist, 24, 409-429.

Campbell, D. T., & Stanley, J. C. (1966). Experimental and quasi-experimental designs for research. Chicago: Rand-McNally.

Cook, T. D., and Campbell, D. T. (1979). Quasi-experimentation: Design and analysis issues for field settings. Chicago: Rand-McNally.

Gall, M. D., Borg, W. R., & Gall, J. P. (1996). Educational research: An introduction. White Plains, NY: Longman.

Stufflebeam, D. L. (1983). The CIPP model for program evaluation. In G. F. Madaus, M. Scriven, & D. Stufflebeam (Eds.), Evaluation models: Viewpoints on educational and human services evaluations. Boston, MA: Kluwer-Nijhoff.

Stufflebeam, D. L., & Shinkfield, A. J. (1985). Systematic evaluation. Boston, MA: Kluwer-Nijhoff.

Winer, B. J., Brown, D. R., & Michels, K. M. (1991). Statistical principles in experimental design. San Francisco, CA: McGraw Hill.

Worthen, B. R., Sanders, J. R., & Fitzpatrick, J. L. (1997). Program evaluation: Alternative approaches and practical guidelines. New York: Longman.